



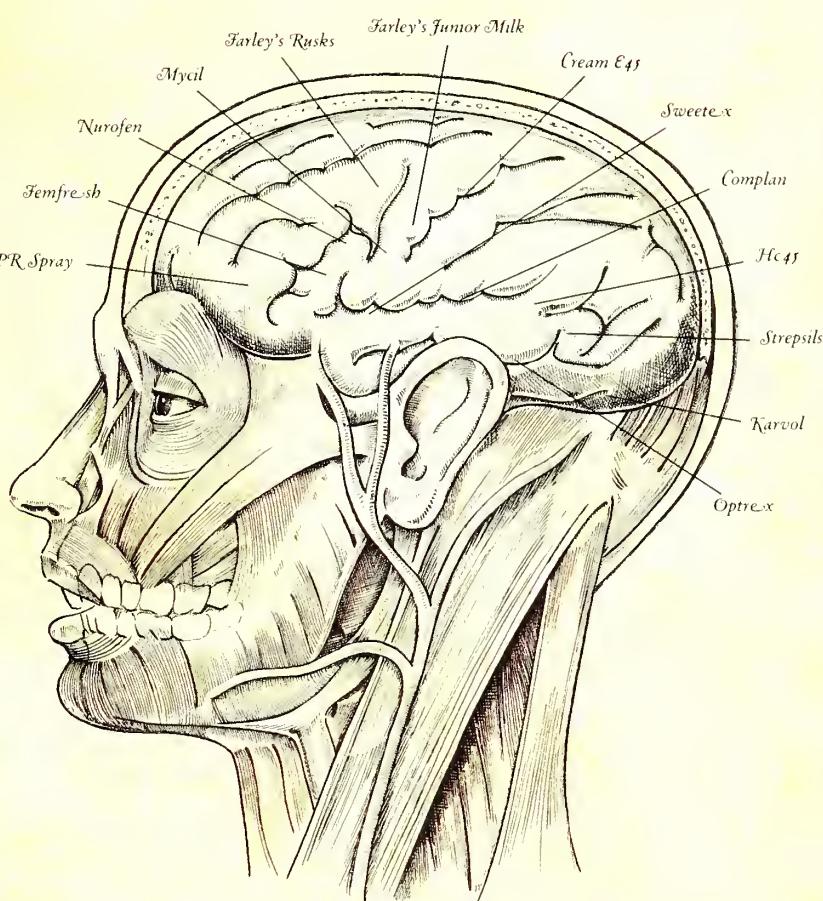
# CHEMIST & DRUGGIST

The newsweekly for pharmacy

December 19/26, 1992

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**MCA puts EC advert rules on hold**

**SPGC proposes national DUMP for Scotland**

**NPA initiates hospice group**

**Advertising on TV this week in the USA...**

**Research digest: what influences GP prescribing**

**Roche take Fisons OTC lines for £90m**

**Medeva go for vaccine option**

**Out and about with a PR exec**

# AN OTC FIRST

## *The Nicorette Patch*

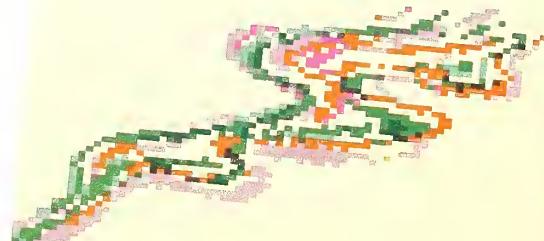


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## Comment

*Chemist & Druggist* has approached some of pharmacy's "Wise Men" to glean their hopes for pharmacy in 1993:

**President of the Royal Pharmaceutical Society David Coleman:** "To use to the full our expertise; for us to be accessible to all patients — urban, rural and in hospital — and for it to be recognised that we are in the front line of healthcare."

**President of the Pharmaceutical Society of Northern Ireland Dr William Woodside:** "My hope is that the changing scene in the practice of pharmacy will provide opportunity and reward for pharmacists through greater utilisation of their professional skills."

**Chairman of the Scottish Pharmaceutical General Council Graeme Millar:** "1993 will herald various changes and challenges for pharmacy. Many opportunities will present themselves; let us welcome them. Merry Christmas and a happy and prosperous New Year."

**National Pharmaceutical Association chairman Joe King:** "Since the Nuffield Foundation report, published in 1986, we have been discussing the future role of community pharmacists. I hope that 1993 will be the year when the vision starts to become a reality."

**Pharmaceutical Services Negotiating Committee**

**chairman David Sharpe:** "I believe the future for community pharmacy is through a widened and adequately remunerated professional role and all my efforts will be directed to that end."

The consensus of these pharmaceutical luminaries — that the role of community pharmacists must be widened professionally and properly paid for, to become a recognised and vital part of the primary healthcare scene — strikes the right chord. They all believe the time for pipe dreams is past and that a touch of something more than "virtual reality" is long overdue. Meaningful action is needed if pharmacy is to capitalise on the new spirit abroad in the NHS as purchasers spread their shopping net ever wider. Purchasers are getting mean, choosy and have more catholic tastes — pharmacy must move to meet their needs or risk being left out of the equation.

Increasingly, much as PSNC and others try to keep a grip at national level on opportunities arising locally, it is there that the significant moves are being made. In Wolverhampton the FHSAs and DHA have merged and joint purchaser/provider committees "do the business". If pharmacy is in the national healthcare business then it needs to punch its weight in a co-ordinated fashion.

## No 'back door' in Scotland

Contractors in Scotland are free from the concerns affecting their London colleagues, thanks to a change in their terms of service.

Last week *C&D* (p1047) reported that pharmacists in London are concerned at an initiative by Boots the Chemists which involves taking in NHS prescriptions at a shop that does not have an NHS contract and transferring them for dispensing to one that does.

However, following a similar situation in Lanarkshire, a change in the chemists' terms of service means this is no longer possible North of the Border.

While the Pharmaceutical Society can't refuse the opening of a pharmacy which will handle only private prescriptions, a 1991 amendment to the NHS General Medical and Pharmaceutical Services (Scotland) Regulations stops the dispensing of prescriptions which are collected at a pharmacy that does not have an NHS contract.

The amendment to the terms of service states: "A chemist shall not accept for dispensing any prescription form transmitted from or received at a registered pharmacy which is not included in the pharmaceutical list".

It also prohibits payment "in respect of the supply of drugs or listed appliances ordered on a prescription form unless that supply takes place at a registered pharmacy included in the pharmaceutical list in respect of that chemist."

# MCA postpones EC advertising regulations

Moves by the Medicines Control Agency to introduce regulations implementing the EC Directive on Pharmaceutical Advertising have been postponed. The regulations were to have been in place for January 1.

Mr Patrick Rennison of the MCA told a Proprietary Association of Great Britain members' meeting recently that new regulations are now likely to be introduced in February or March 1993. There are unlikely to be any dramatic changes to current practice, he predicted.

However, the PAGB has updated its Code of Standards of Advertising Practice. The new provisional Code will be applied from January 1, and means that all advertisements for OTC medicines will comply with the Directive.

The provisional Code will operate until the Government finalises the regulations implementing the Advertising Directive. Current advertising need not be changed for the January 1 deadline, but the PAGB recommends that all new copy take account of the new principles.

To comply with the Directive, a new Code of Practice for Advertising OTCs to Health Professionals and the Retail Trade has been introduced for the first time by the PAGB. Unlike the consumer Code which allows for the pre-vetting of adverts, the trade Code will be complaint

driven. Complaints will be processed by the PAGB secretariat, with binding decisions taken by the executive committee.

The key for the scope of the trade Code is that it applies to all medical claims, whether the audience be pharmacist, assistant or buyer, says the PAGB. The Association also emphasises that complaints should only be a last resort and will only be accepted if signed by company chief executive officers.

There has been widespread concern that the Government's proposals (outlined for the pharmaceutical industry recently in MLX 191) would have meant the end of the UK's voluntary codes of advertising practice (*C&D* October 24).

Whitehall proposals to use criminal law to control advertising had led the PAGB, the Advertising Standards Authority and the Independent Television Commission — all of whom operate voluntary codes — to threaten to withdraw their co-operation.

Mr Rennison told the PAGB that the postponement of the regulations had been prompted by the PAGB proposals submitted in response to MLX 191. Had the PAGB Code fallen by the way, the MCA would have assumed responsibility for overseeing OTC medicines advertising.

The main changes to the PAGB Code of Standards on Advertising

Practice follow on from Articles 4 and 5 of the EC Advertising Directive. The PAGB's interpretation has been agreed with the Medicines Control Agency. Article 4 contains a clause suggesting advertising should carry information necessary for the correct use of the product. This has been interpreted as the condition for which it is being offered. However, the PAGB is now recommending that all adverts carry a recommendation to "always read the label".

Prohibitions in advertising are covered by Article 5 and include 12 rules, most of which are already covered under the existing PAGB Code. There is still uncertainty over whether comparisons of treatments should be allowed. The PAGB says that while advertising of this type is quite rare, the option should be retained. Further clarification is also needed on the clause prohibiting celebrity and health professional endorsements.

"Advertisement" is defined in the new law to include journal advertising, sampling, adverts in audio visual or other electronic media, the provision of inducements to supply medicines by gift, benefit or bonus, and sponsorship of promotional meetings.

## YPG to hold election hustings

The Young Pharmacists' Group is to hold hustings for next year's Royal Pharmaceutical Society's Council elections in a move to help overcome some of the apathy shown in previous years.

The YPG says it has become increasingly concerned that often not enough is known about candidates and their policies. It is also concerned at the low number of votes cast in Council elections.

In an attempt to rectify this, the YPG is inviting all candidates to address a hustings meeting which, they hope, will increase the profession's awareness of the candidate's policies as well as fuelling interest in the election and professional issues. Rules for the meeting are being drawn up to ensure fairness to all.

The event will take place on March 21 at the Friendly Hotel in Walsall. Many prospective candidates and Council members up for re-election have already been approached. Others wishing to stand are asked to write to PO Box 2641, Birmingham B13 3EB.



## NPA initiates hospice association

The Hospice Pharmacists Association is a new specialist group for those providing pharmaceutical services to hospices. Its main objectives are to enable pharmacists to share problems and experiences, and to develop future practice in hospices and in the care of the terminally ill.

The group held its inaugural meeting in Aston on December 13 and the Committee was elected during a conference entitled "Pharmaceutical Care for Hospices" which was organised through the National Pharmaceutical Association.

Mike Chapman from Taunton in Somerset is the Association's first chairman. He said: "In recent years the much expanded provision of hospice care of the terminally ill has produced the need and provided the opportunity for pharmacists to become involved in this area. The HPA is the first step in developing the role to its fullest potential."

Commenting on the NPA's involvement, information officer Mary Allen said: "The initiative is a response to a need from our members who are becoming increasingly involved in hospice services but who are working in isolation. The HPA will bring them together and enable them from each other."

There are about 113 independent hospices in England and Wales which are mainly run by charitable organisations, and most are serviced by community pharmacists. Although the HPA has been set up by community pharmacists, members are keen to work with hospital pharmacists in the overall provision of this service.

Further details from Mary Allen at the NPA on 0727 832161.



On November 5, the Council of the Pharmaceutical Society of Northern Ireland held a special dinner at the Stormont Hotel, Belfast, to honour Ivan McFarland FPS who was the pharmacy inspector at the Department of Health and Social Services for more than 30 years. A well known pharmacy personality in Northern Ireland, Mr McFarland was very highly thought of by his fellow pharmacists. During the evening, PSNI president Dr William Woodside (right) presented Mr McFarland with a watch.

## SPGC proposes national DUMP campaign

The Scottish Pharmaceutical General Council are proposing a national DUMP campaign for Scotland to start in the New Year.

The campaign will run for up to a month when the public will be encouraged to return unwanted drugs for disposal.

There will be advertising nationally and locally as well as at pharmacy level.

The move follows Lord Fraser's announcement of the start of a scheme for the safe disposal of medicines by the public in Scotland. The scheme, which will operate through all community pharmacies, was welcomed "wholeheartedly" by the SPGC.

DUMP campaigns have been more difficult recently because of the lack of disposal facilities, says the Council. "This co-ordinated initiative between pharmacy and Government is to be welcomed as

it is estimated that in the region of, and certainly no less than, £5 million worth of unused drugs are lying around in Scottish households."

The proposed campaign is being described as another example of the responsible attitude that community pharmacy takes in educating the public about their medicines.

The SPGC are stressing that the scheme to dispose of these medicines is now in place throughout all 15 health boards and that members of the public should be actively encouraged to return all unwanted drugs to the pharmacy.

"The organisation of a DUMP campaign in the future is the means by which we can publicise over a short, intense period the existence of this scheme," the General Council says.

## Reprimanded for substitution

A former chairman of the Bedfordshire Branch of the Royal Pharmaceutical Society was found guilty of misconduct at a Stautory Committee hearing on Tuesday.

Mr John Sandbach, 63, of 31 High Street, Arlesey, was severely reprimanded by the Committee at a resumed hearing of his case.

The Committee had previously heard that Mr Sandbach had appeared before Biggleswade Magistrate's Court in February 1992, when he pleaded guilty to two summonses alleging that he dispensed one type of an ulcer drug, instead of the one on a prescription written out by a doctor, and was given a conditional discharge.

The Committee had also

investigated another allegation of "generic substitution" of one drug for another, allegedly discovered by a Society inspector on a visit to Mr Sandbach's pharmacy, Sandbach's Dispensing Chemists in the High Street. However, the Committee ruled that there was insufficient evidence to find this third charge proved.

Mr Sandbach's solicitor, Mr David Reissner, argued at the resumed hearing that Mr Sandbach was guilty only of mislabelling offences, rather than the more serious offence of generic substitution.

Committee chairman Mr Gary Flather QC said members had found it hard to believe that the two offences merely involved

false labelling. The question was, was the dispensing of the wrong medicine deliberate or inadvertent? "The Committee finds it extraordinarily difficult to conceive that Mr Sandbach would fail to know what he was doing when he substituted one set of tablets for another," said Mr Flather. "We cannot accept that the wrong dispensing was inadvertent — it was a deliberate act." The same decision applied for both cases.

The Committee had taken into account the service that Mr. Sandbach had put into his profession, his good work in the community and his long association with his local branch of the Society in deciding to issue a reprimand.

## Supply to trusts

Regulations which came into effect on December 18 permit the wholesale supply of POM and P medicines to NHS Trusts, Health and Social Services Trusts and the Common Services Agency. Medicines (Sale or Supply) (Miscellaneous Provisions) Amendment Regulations 1992 (SI No 2938, HMSO £1.05).

## Scottish advertising

New Regulations remove restrictions on the advertising of pharmaceutical services in Scotland. NHS (General Medical and Pharmaceutical Services) (Scotland) Amendment (No 3) Regulations 1992 (SI No 2933, S240, HMSO £0.65) are effective on December 22.

## C&D Price Service

The effective date of January 1 was omitted from the Vichy entry which appeared in the December 12 Supplement. This has been rectified and will re-appear in this week's issue. We apologise for any inconvenience caused.

## POM to P for mouthwash

Preparations containing no more than 1 per cent carbinoxolone sodium in granule form have been exempted from POM control when sold as a mouthwash for adults and children over 12.

But the pack must be labelled with a maximum daily dose of 80mg and a maximum dose to be used at any one time of 20mg. It should not contain more than 560mg carbinoxolone sodium.

This means that Bioplex granules, as currently packaged, remain POM. A spokesman for Thames Laboratories said there are no plans in the immediate future to amend the dosage labelling or to promote the product as a P medicine.

The change is brought about under the Medicines (Products Other Than Veterinary Drugs) (Prescription Only) Amendment (No 2) Order 1992 (SI 2937, HMSO £1.05) which came into effect on December 18.

Glucagon injection is added to the list of POMs which may be given to save life in an emergency and the Order also introduces a new category of POMs whose use in such emergencies is restricted to certain ambulance paramedics.

Products in this new list are Diazemuls, Gelofusine and — providing there is no other active ingredient — adrenaline acid tartrate, anhydrous glucose, ergometrine maleate, glucose, heparin sodium (for cannula flushing), lignocaine HCl, nalbuphine HCl, naloxone HCl, polygeline, sodium bicarbonate and sodium chloride.

# As time goes by

With 1992, the 133rd year of *C&D*'s publication, drawing to a close, News Editor Jane Feely looks back at what made the headlines in the years gone by. As that ultimate love song from the film "Casablanca" begins "You must remember this..."

I've lost count of the number of times that someone has said that pharmacy is at a crossroads. It is undoubtedly true that the profession has some important decisions to make about its future direction.

However, it is also equally true that history often repeats itself and a quick flick through past issues of *Chemist & Druggist* seems to bear this out.

Travelling back in time one year, five years, ten years, 25 years and 35 years, some of the topics enjoying heated debate then are still around today. Thankfully other subjects seem to have been laid to rest!

## December 7, 1991

It was only 12 short months ago that the profession was getting very hot under the collar about the Consumers' Association survey on pharmacists' advice.

The survey compared the advice given by community pharmacists with that considered appropriate by a panel of experts. The results lead to the CA to conclude that, as a profession, pharmacists "aren't sufficiently reliable".

President of the Society David Coleman responded by saying that what advice is given is a matter of individual professional judgment.

However, National Pharmaceutical Association director Tim Astill was more critical: "There is no excuse for much of what the investigators found. I hope all community pharmacists will examine the report closely and ask themselves how they would have performed."

On the question of pay, the Pharmaceutical Services Negotiating Committee was about to have its first meeting



with the Department of Health. But chairman David Sharpe sounded a cautious note, warning that "current settlements are at a low level".

Meanwhile, a number of speakers at a Proprietary Association symposium in London urged the regulatory authorities to speed up the "POM to P" process for a number of products.

## December 5, 1987

Go back five years and original pack dispensing was making the headlines. On this occasion it was the generic companies who were pushing for movement. At an Essex LPC conference, John Baseley, then group distribution director at Macarthys, said that any OPD activity from generic companies would stimulate brand manufacturers to follow.

The Health and Medicines Bill, which introduced charges for sight tests and dental examinations, was due for its second reading in the House of Commons. Despite criticism from backbenchers, Ministers were confident of securing support for the Bill.

Comment and reaction to a recently published White Paper entitled "Promoting Better Health" was coming in thick and fast. The Pharmaceutical General Council chairman Ian Mullen welcomed the proposals on greater cost effectiveness, while the College of Pharmacy Practice said the White Paper recognised the position of

pharmacists both in health promotion and in additional services to the community.

The Joint Boots Pharmacists Association supported proposals for a test of competence at the end of the pre-registration year, but said that a multiple choice paper would be inadequate without continuous assessment. The JBPA called for an oral exam of communication skills and professional attitudes.

NPA director Tim Astill, addressing the PAGB's annual symposium, suggested a scheme in which pharmacists could exercise control of medicine sales in non-pharmacy outlets. And Peter Clarke, a pharmacist from Dorchester, told *C&D* that patient records were under utilised in most dispensaries.

## December 4, 1982

Rural pharmacy and doctor dispensing was the big story of ten years ago. In particular, the establishment of the Clothier Compensation Fund.

*C&D* reported that almost half of the £138,000 donated to the Tenterden fund — set up in August 1981 to assist Denis Pay with costs incurred in his High Court action against a local doctor's dispensing practice and Kent FPC (remember FPCs?) — was to be refunded if donors claimed by the end of the year. Any unclaimed money would form the basis of the Clothier Compensation Trust.

Community pharmacists were given a boost by a "public

service" radio campaign run by Cuticura Laboratories. The 10-second tags followed advertisements for some of the company's products. These said that the product just advertised was available from "many of the countries' 10,500 pharmacists. They are well qualified to give advice on medicines, minor ailments and other health matters. Why not consult your pharmacist more often?"

Newly available on prescription was an osmotic dose form of indomethacin — Osmosin.

## December 2, 1967

The fact that leading retail trade associations had agreed to form the Retail Alliance, was the lead story in *C&D* 25 years ago. Founder members of the new Alliance included the National Pharmaceutical Union (now the NPA).

Meanwhile, the Ministry of Health agreed to set up a working party "to investigate the problem of identification of solid dosage forms".

Statistics showed that contractors in England in July 1967 dispensed 19,612,862 prescriptions at an average cost of 131.56d per prescription.

Pharmacists were warned about possible shortages of disinfectants if an epidemic of foot and mouth disease continued. Some manufacturers were already rationing supplies while others were limiting supplies to infected areas. Pharmacists were reminded of the usual symptoms associated with the disease in cattle, sheep, goats and pigs.

## December 7, 1957

Questions were asked in Parliament about the current shortage of pharmacists in civilian life. The Minister of Health was asked if he would make regulations to admit demobilised sergeant dispensers to the Register of Pharmaceutical Chemists.

Drug costs were also a cause of concern with the prescribing of recently available cortisone preparations blamed for the "substantial increase" in prescription costs.

Meanwhile the House of Lords ruled that Evans Medical Supplies Ltd need not pay income tax on £100,000 received from the Government of Burma under a contract to establish a Burma Pharmaceutical Industry. And two extensions to Glaxo's polio vaccine production unit at Sefton Park were opened.

And just to show that nothing really changes, Xrayser was well into his "things aren't what they used to be" routine. He was lamenting the loss of his old safety razor, which he had received as a freebie 30 years earlier. One of the parts had finally worn out and he had replaced it with a more expensive product which, after a week's use, was losing some plating. "Why the inferior quality of the new and more expensive model? Is it all part of a policy to maintain turnover?" he asked.

## Premises rise by 16

November's amendments to the Register of Pharmaceutical Premises show that the total number of pharmacies rose by 16 to 11,971. This is the sixth successive month that the figures have shown a rise.

The largest increase came in England with 29 additions, 13 deletions and one restoration. In London there was no overall change with three additions and three deletions.

There was also no overall change in Scotland with one addition and one deletion, while in Wales the number of pharmacies fell by one.

## Pack leaflets not up to the mark

The Medicines Control Agency refused 40 per cent of the 170 submissions for pack leaflets made between March and August this year because they failed to comply with the Regulations.

In 33 applications there were errors relating to warnings and precautions, in 23 cases the indications were misrepresented and 20 leaflets contained errors in the directions for usage.

The implementation of Directive 92/27/EEC into UK legislation will mean the approval of many leaflets at the licensing or renewal stage. "Approval is never automatic and leaflets should not be printed and inserted into packs before written confirmation of approval is received," warns the MCA in the latest edition of *MAIL*.

All contra-indications, precautions and warnings included in the licence should be described in the leaflet, says the MCA.

## RHAs' cash increases

Cash increases for all 14 English regional health authorities averaging 2.7 per cent in the financial year starting next April, have been announced by the Secretary of State for Health Virginia Bottomley.

The allocation would increase by an average of 0.8 per cent above inflation once measures on public sector pay restraint have been taken into account, she said.

"This money, used efficiently, will enable a further 190,000 in-patients and day patients to be treated and one million more contacts to be made with community nurses. Regions can make further progress in providing cost-effective quality care for patients," she said.



## Isogel packs highlight Drug Tariff inadequacy

The new 165g packs of Isogel are now being delivered from the wholesalers at the same price as the old 200g size. Fully justified, I am sure, as raw materials, distribution, packaging, advertising etc, etc. have all risen substantially since the last price change.

In their wisdom, Charwell have decided to reduce the size of the box in preference to raising the price, but in so doing they have caused chaos. The bewildering logic of the Drug Tariff has decreed that Isogel does not warrant being designated a "special container" so scripts for 200g must now be filled by breaking bulk from the new 165g pack.

In our brave new world of advanced pharmacy, we are now to present the patient with a complete box and 35g in a separate jar every time the scripts asks for 200g.

Trying to change prescribing habits will merely fall on deaf ears as another of those petty little irrelevant pharmaceutical problems and, in fairness, it is petty because it makes no sense.

The pack is now 165g, not 200g. That is an illogical fact of life, but persisting with an equally illogical Tariff requirement to weigh out the

exact quantity as well as compounding the problem is also professionally unacceptable.

The Department of Health, with the encouragement of PSNC, should now accept the realities of life and scrap this stupid regulation.

## Living in the real world

I sometimes wonder if our so-called "watchdogs" live in the real world. The move from "POM to P" has been almost universally welcomed as a positive step towards reducing the strain on limited NHS resources and allowing pharmacists the tools with which to properly practice their profession.

All *The Drugs & Therapeutics Bulletin* can do, however, is to emphasise the dangers of theophylline overdosage and suggest that these risks would best be avoided by changing their status to POM (*C&D* December 12, p1050).

I fully realise the dangers of theophylline toxicity and so do most community pharmacists. I am also only aware of two counter lines I actively sell which contain theophylline, and despite the advertisers' efforts to the contrary, both of those products are only sold if I am convinced that they are needed and can safely be sold.

I agree with the *Bulletin* that the dangers of overdosage should be highlighted with a statutory warning on the packaging, but I am sure that the vast majority of problems arising from incorrect theophylline usage occur through improperly monitored prescribing, not from the properly supervised sales of Pharmacy OTC medicines.

## A touch of envy...

It is ironic that, at the first annual conference of the National Association of Fundholding Practices, Virginia Bottomley, the Health

Secretary, appealed to medical practices who had made substantial savings on their first annual budget to voluntarily hand the money back on the basis that they had been given too much in the first place (*Guardian*, December 10).

The first budget holding practices were set up in the teeth of opposition from the majority of medical practitioners, and retained savings were offered as the carrot to encourage some to break ranks.

The bribe has obviously worked extremely well, but it is now being implied that these savings, which can be quite legitimately spent on improved facilities for a minority of patients, are depriving others of a properly funded service.

My sympathies lie with the practices, my condolence with the deprived patients, but would that pharmacy were in the same position of being able to retain only some of the money we have saved the Department of Health over many years of good business management!

As it is, all our efforts are clawed back and any progress funded from our ever decreasing profits. I cannot criticise any medical practice for retaining what was promised, only be a little envious that I, too, cannot invest the fruits of my increased efficiency for the benefit of my patients.

## Be of good cheer!

Despite claims to the contrary, two into one does go because this is my last column before the New Year and still a week to go before Christmas.

Ah! Christmas... I remember Christmases past when the season of good cheer meant exactly that. Cheerful revellers, presents from reps, last minute madhouse at the perfume counter and exhausted satisfaction on Christmas Eve.

I suspect this year will seem a little tame by comparison but I refuse to be downhearted, next year must be better!

Meanwhile, my Christmas spirit will continue to flow freely and I will raise my glass to wish you all a very merry Christmas and a prosperous New Year.

# Topical REFLECTIONS

# Script specials

## Price increases

Cambridge Laboratories have substantially increased the prices of a number of their products: Arfonad ampoules (10, £46.86); Rimifon ampoules (10, £11.70); Ro-A-Vit ampoules (10, £15.00); Tensilon ampoules (10, £9.00), and TRH-Cambridge, previously TRH-Roche (10, £31.00). The company say the price increases, particularly large in the case of Rimifon (previously 90p) are because of reduced demand for the products leading to increases in the cost of manufacture, and are necessary to ensure the products remain available. **Cambridge Laboratories. Tel: 091-261 5950.**

## Nutrizym 10

Nutrizym 10 (100, £12.52) is a new product from Merck containing Pancreatin BP 155mg equivalent to 10,000 BP units lipase activity, 9,000 BP units amylase activity, and 500 BP units protease activity. **Merck. Tel: 0420 564011.**

## ACBS approval

Two more products have been approved by the ACBS. Sno-Pro drink (200ml £0.55), a low protein, low phenylalanine milk replacement is prescribable at NHS expense for the treatment of phenylketonuria. Duobar (100g bar £1.45) is prescribable at NHS expense "for children and adults on protein restricted diets and for conditions where there is a need for energy fortification and where fluid intake is restricted, such as renal disease, disorders of amino

acid metabolism, and liver disease. **Scientific Hospital Supplies Group UK Ltd. Tel: 051-228 1992.**

## APS/Berk service

APS/Berk have established, with effect from January 4, a medical and technical information service for all their products. Inquiries should be directed to Medical Information, Berk Pharmaceuticals, Brampton Road, Hampden park, Eastbourne, East Sussex BN22 9AG. **Tel: 0323-501111.**

## Premarin pack size

Wyeth are replacing the packs of 21 Premarin 0.625mg and 1.25mg, with new 3 x 28 packs (0.625mg £5.52; 1.25mg £9.08). Prices are subject to 7.5 per cent discount when included in a £125 order. **Wyeth Laboratories. Tel: 0628 604377.**

## APS Ketoprofen

APS Berk have announced that the APS product Ketoprofen (100mg x 56, 200mg x 28) can be prescribed as a generic with no reference to the name Ketovail. **Approved Prescription Services Ltd. Tel: 0532 380099.**

## CD deliveries

Key dates for the order of Controlled Drugs from Evans Medical over the Christmas period are as follows: last delivery date for CDs will be **December 23**; Orders must be received by 12 noon on **December 18** to guarantee this delivery, and the first delivery of CDs in the New Year will be

**January 5.** Emergency orders may be placed for delivery on **December 30**. **Evans Medical Limited. Tel: 0582 608308.**

## Diamorphine 10mg

Aurum Pharmaceuticals Ltd is taking over all marketing rights for diamorphine tablets 10mg (100 £10.76) from Roche Products Ltd. The product will be available through Distripharm UK from January 4. **Distripharm UK Customer Services. Tel: 081-993 4441.**

## Eppy reformulation

Smith & Nephew Pharmaceuticals have reformulated Eppy eyedrops. Phenylmercuric acetate has been replaced as antimicrobial preservative with 0.01 per cent benzalkonium chloride. The new Eppy will be introduced in January 1993. Stocks of the current formulation will not be withdrawn from the market. The new formulation has a colored "bar" printed on the carton and the label will be purple instead of blue. **Smith & Nephew Pharmaceuticals. Tel: 0708 349333.**

## Egg replacer on Rx

Nutricia Dietary Products are changing the name of "Rite Diet egg replacer" to "Loprofin low protein egg replacer". This product has been given ACBS approval for the following indications: low protein, low phenylalanine, and similar diets. Loprofin egg replacer will be available from January 18. **Nutricia Dietary Products Ltd. Tel: 081-951 5155.**

## A dispensary romance

The missing names in this story are all to be found on the dispensary shelves — there are a mixture of phonetic and pharmacological clues.

She was a pretty girl (1) now that the spots had cleared up and even though some of her ancestors had been wicked, there was no shortage of young men wanting to marry her. This made her diminutive father (2) extremely angry as he thought it would be a waste of her education at a famous left-wing English university (3), where she had published a research paper on vitamin C.

To prevent her making a hasty decision, he engaged a private investigator (4), who came highly recommended by Rupert Bear, but the two chief suitors (5), not wanting to risk even a suspended sentence, contacted her using the alternative names of Aspirin and Paracetamol. Their go-between was the girl's giddy friend (6), who had recently given up selling shellfish in Dublin (7).

One young man took her out for a drink, to a bar where the main attraction was a more than grateful parrot (8) which had been cured of eczema. The other went one better and gave her a meal in an altogether higher class of eating house (9), although the wine list was disappointing, offering a choice of mouthwash or gargle. Then he took her to a couple of movies (10).

However, they were both wasting their time because she was secretly in love with the coach of the Irish Olympic team (11) and as soon as he got back from Barcelona, they eloped to Gretna Green, where they were nearly frightened off by what looked like a Highland cow wearing a leather pouch round its middle (12).

But nothing could stop the course of true love and they lived happily ever after in Epsom.

**•This pharmaceutical puzzle was submitted by Mrs Astrid Hansen MRPharmS of Bradford.**

## Scotia drug prevents re-occlusion

Scotia Pharmaceuticals have developed a drug that prevents re-occlusion after angioplasty, a complication that occurs in 35 to 50 per cent of opened arteries. The drug, EF12, is based on two highly purified essential fatty acids.

EF12 has been assessed in a study just concluded at the Dundee University Medical School. Patients undergoing angioplasty to open blockage of the main leg (femoral) artery were assigned to receive EF12 or placebo. The results of a one-year follow-up of the 44 patients who were involved showed that, of the 23 patients on placebo 12 experienced re-blocking of the artery within 12 months. Of the 21 patients on EF12 only three experienced a re-blockage and needed further treatment.

Blockage of the opened arteries is caused partly by the equivalent of scar tissue, due to the growth of the vessel wall, and partly due

to a clotting related process whereby platelets are deposited in the damaged vessel segment.

The results of the study were presented at a angiology conference in London by Dr Jill Belch and Dr Bill Shaw of Dundee University Medical School. "This

combination of fatty acids can inhibit the processes which block the artery. We are now working to understand the mechanisms in detail," said Dr Belch. A multi-centre trial is now being set up to see if the results can be confirmed on a larger scale.

## Hypoglycaemia strategies

An estimated 30 per cent of insulin treated patients experience severe hypoglycaemia — requiring external assistance for a full recovery — at some time, with as many as 10 per cent in any given year, according to Professor Edwin Gale of St Bartholomew's Hospital.

Professor Gale, who was speaking at an international symposium on hypoglycaemia also said that up to 50 per cent of long-term diabetes patients are affected to some degree by the loss of awareness of warning

signals such as shaking and a pounding heartbeat. In the absence of this early warning system, a patient may progress to a loss of consciousness.

Practical strategies which emerged from the symposium were: relaxation of strict blood sugar control regimens for patients suffering severe episodes of hypoglycaemia; increased frequency of blood sugar monitoring by patients; and development of educational programmes involving both patients and their doctors.

1. Minoxidil 2. Madopar 3. Redodoxin 4. Alglitec 5. Benorilate 6. Disipal 7. Molipaxin 8. Polytar 9. Betadine 10. Duolim 11. Conotrane 12. Sporanox

# The Battle of the Bulge starts on Boxing Day *With an explosive new TV campaign*



- Over £1 million of national TV advertising in one month
- Huge consumer demand
- The higher your stocks the higher your profits

**S T O C K   U P   N O W**  
*And be ready for the sales explosion*

# **Slim-Fast®**



# Counterpoints

## Nivea Sun changes its face for '93



Nivea Sun has been given a contemporary new look for the 1993 season.

All lotion packs will now be in royal blue, hydrogels will be in clear packs with blue caps and aftersun products in pale blue. Bottles all have leak-proof caps.

New to the range is an SPF15 water-resistant lotion (200ml £7.99).

Building on the successful introduction last year of the family pack, the company has added 400ml bottles of SPF5 and the new SPF15 lotions (£9.75 and £10.99).

All creams and lotions will carry the Boots three star UVA rating, say Smith & Nephew.

Promotional support for 1993 includes a £650,000

Press campaign in women's magazines. The Nivea Sun KISS campaign will continue, with PR and sales promotion activity.

Smith & Nephew predict the £105 million sunpreps market will grow by at least 9 per cent next year to reach £115m (see market report right). **Smith & Nephew. Tel: 021-327 4750.**

## Joint dental promotion

Steradent and Dentsply have joined forces to promote each other's products.

The Steradent range will now carry an on-pack endorsement stating: "Tested and approved by Dentsply, the world's leading manufacturers of teeth for dentures." The endorsement will also be carried on Steradent promotional literature and point of sale material.

Steradent's 3-Minute sample pack and consumer leaflet "Your guide to denture care" will be placed in all Dentsply job bags returned to the surgery from the laboratory. **Reckitt & Colman Products Ltd. Tel: 0482 26151.**

## Oilatum Press campaign

Oilatum will be supported in January with a new Press campaign in women's magazines.

The advertisements will be supplemented by 250,000 bath size minipacks covermounted

on magazines during February and March.

The adverts feature a £1 off coupon redeemable when the consumer buys a 125ml bottle of Oilatum. **Intercare. Tel: 0734 790345.**

## Slim for a holiday

Sweetex is being supported by a consumer holiday promotion.

Sweetex packs will carry tokens which consumers can collect and use to obtain discounts on holidays. The promotion will be promoted to consumers via Press advertising. **Crookes Healthcare. Tel: 0602 507431.**

## Snapping up Fuji

Fuji Film are giving away £1 vouchers with work returned from the Fujichrome processing laboratory. The "Cold Snap" offer applies to the Fujichrome range of 35mm process-paid ISO 50, 100 and 400 films.

Customers can apply as many times as they wish before February 28. **Fuji. Tel: 071-586 5900.**

## UV speak still confuses consumers says survey

The British public are still dying to get a tan, it seems, as only 15 per cent proved they understood the link between sunburn and skin cancer, according to a 1992 Taylor Nelson usage and attitude study commissioned by Smith & Nephew.

However, the column inches dedicated to the subject have not been entirely wasted: 65 per cent of consumers are aware of UVA and UVB rays, as compared with 47 per cent two years ago. Yet there is still confusion over what the rays do and the difference between them.

A common mistake was found to be perceiving UVA rays as the more dangerous of the two types, responsible for burning and cancer. Of those who knew about UVB rays, 52 per cent did not know what they did.

Although SPF numbers have been around for 30 years, only 30 per cent of

consumers knew they indicated UVB protection, and 46 per cent said they found SPF's confusing.

The Boots UVA star rating system has a long way to go, it seems, with only 5 per cent of respondents spontaneously saying that they indicated the amount of UVA protection, although 20 per cent said they were aware of the star symbol.

The good news is that fewer people take every opportunity to stay out in the sun and less people think media "scare stories" are exaggerated. Some 86 per cent of respondents agreed children always need sun protection, but only 25 per cent actively try to shelter their children.

Increased purchase of sunpreps through grocers continues, although the majority still go through pharmacy (Boots 44 per cent, independents 16 per cent). **Smith & Nephew. Tel: 021-327 4750.**

## Silk lubricant from Bodywise

Liquid Silk is a new water-based lubricant developed by Bodywise.

Safe for use with condoms, it claims to condition the skin by increasing its natural elasticity, and thus reducing the risk of breaking skin. It is said to

have a long-lasting effect and will not cause skin to dry up after use.

Body Silk is available in 50ml (£5) and 250ml (£15) bottles and can be supplied to retailers in small quantities, says the company. **Bodywise. Tel: 081-891 1485.**



Clean & Clear skincare range has been relaunched by new owners Johnson & Johnson. The repackaged range features the Johnson's brand name. It comprises two cleansing lotions, one for sensitive skin, cleansing milk, facial wash and a cleansing bar. Clean & Clear will be supported by television advertising from February. New display units are available, featuring money-off coupons. **Johnson & Johnson. Tel: 0628 822222.**





## The new word on everybody's lips at SmithKline Beecham

SmithKline Beecham Consumer Brands are very proud to announce a new addition to its oral care range, 'Corsodyl'. An effective medicated oral mouthwash - the power of Corsodyl is unquestionable.

Corsodyl is now available in four variants, the Original and Mint Mouthwash, an easy to use Spray and a handy size tube of Dental Gel.

Corsodyl - when it comes to gingivitis there is only one choice.

You can still order Corsodyl from your usual pharmaceutical wholesalers, and, as of January 1st 1993, pharmacists can order from our own SmithKline Beecham Consumer Brands representatives.

For continued future health, stock and recommend Corsodyl - the No.1 treatment of choice in oral care.

### 'CORSODYL' ORIGINAL chlorhexidine gluconate

0.2% w/v

**PRESCRIBING NOTES**  
Consult Data Sheet before prescribing.

**USE** Inhibition of plaque, treatment and prevention of gingivitis, maintenance of oral hygiene. Mouthwash and Mint Mouthwash are also indicated for the promotion of gingival healing following surgery and the management of aphthous ulceration and oral candidiasis.

**PRESENTATION** Spray and Mint Mouthwash. A clear

### 'CORSODYL' MINT chlorhexidine gluconate

0.2% w/v

colourless solution containing 0.2% w/v chlorhexidine gluconate. Mouthwash. A clear pink solution containing 0.2% w/v chlorhexidine gluconate. Gel. A clear colourless gel containing 1% w/v chlorhexidine gluconate.

**DOSAGE AND  
ADMINISTRATION**

Spray. Apply to tooth and gingival surfaces using up to twelve actuations of the spray twice daily.

### 'CORSODYL' SPRAY chlorhexidine gluconate

0.2% w/v

use only. keep out of eyes and ears.

**SIDE EFFECTS**

Occasional irritative skin reactions. Generalised allergic reactions to chlorhexidine have also been reported but are extremely rare. Superficial discolouration of the tongue, teeth and tooth-coloured restorations may occur. This usually disappears after discontinuation of treatment. Staining can largely be

### 'CORSODYL' GEL chlorhexidine gluconate

1% w/w

**PRODUCT LICENCE  
NUMBER AND BASIC NHS  
COST**

'Corsodyl' Spray (0029/0230) 60 ml (OP) £2.80

'Corsodyl' Mouthwash (0029/0124) 300 ml (OP) £1.25

'Corsodyl' Mint Mouthwash (0029/0201) 300 ml (OP) £1.25

'Corsodyl' Gel (0029/0080) 50gms (OP) £0.83

'Corsodyl' is a trademark

Further information is available from SmithKline Beecham Consumer Brands, Brentford, TW8 9BD, UK. Tel: 081 560 5151

**SB** SmithKline Beecham  
Consumer Brands

**- a leading authority  
on oral hygiene.**

# A new fragrance for English gentlemen

Traditional menswear retailer Swaine Adeney have launched their first fragrance, called Q (for Quintessentially English).

Based in London's Piccadilly and royal warrant holders to successive monarchs since 1750, Swaine Adeney are known for their equestrian accessories and gentleman's clothing.

The new fragrance is aimed at "men of impeccable taste" and is described as restrained, assured and discreet.

Top notes comprise

bergamot, lemon, basil and spearmint. Heart notes include geranium, jasmine, lily of the valley, coriander and lavender. The base notes include patchouli, sandalwood, vetiver and oakmoss.

The bottle is made of rich green frosted glass and has been given an unusual yew wood and gold crafted cap.

Q is available at eau de toilette spray (75ml £45; 125ml £65), after shave spray (75ml £40; 125ml £50) or splash (75ml £35; 125ml £45). A bath range

is planned for next year. Swaine Adeney Brigg Ltd. Tel: 071-734 4277.

## Chefar...

Chefar have taken over the marketing and distribution for Pierre Fabre products Elancyl, Klorane, Eludril and Elgydium. This takes effect from January 25, until when all orders should be sent to **Pierre Fabre Ltd. Tel: 0865 742525.**

## Veno's on TV

Veno's is being supported by a new £1 million television campaign, starting in January. The advert will promote all the different Veno's variants. **Smithkline Beecham. Tel: 081-560 5151.**

## GSL for Replens

The Medicines Control Agency has this week granted Columbia Laboratories a GSL licence for their Replens vaginal moisturiser. It is licensed as a prescribable treatment for the symptomatic relief of vaginal dryness, burning, irritation and dyspareunia in post-menopausal women. **Columbia Laboratories. Tel: 071-233 3004.**

Smokers.

The advertisement repeats the runner theme, with recommendations from smokers who have given up with the help of Nicobrevin. A range of window display material and shelf edgers are available, plus posters and consumer leaflets. **Intercare Products Ltd. Tel: 0734 7900345.**

## Nicobrevin targets New Year resolutions

Nicobrevin is to be given a New Year boost with a combined Press advertising and PR campaign.

Timed to coincide with New Year's Day, National No Smoking day and the budget, the advertisements will appear in national newspapers estimated to reach 85 per cent of Britain's 13 million



## Christmas closing

**Du Pont Pharmaceuticals:** closed from December 24-28, open December 29-31, and then from January 4.

**Aurum Pharmaceuticals:** closed from December 24-28, open December 29-31, and then from January 4.

**Marion Merrell Dow:** closed from 12.00 December 24-28, open December 29-31, and then from January 4.

**Bristol-Myers Squibb Pharmaceuticals:**

order department closed from 12.00 December 24 until January 4. For emergencies, tel: 051-677 0171.

**Glaxo Laboratories:** closed from December 24 until January 4. For emergencies tel: 081-990 9444.

**Roussell:** the Swindon and Denham sites, and Distriphar distribution centre at Park Royal closed from Dec 24 to January 24. Emergency medical information service on 0895 834343.



Inphormed have repackaged their Novatec Smokers and Regular Toothpolishes, removing the price flash to create a crisper, more contemporary looking design. The price of the two products remains unchanged. Discounts for retailers are available from the RDL Pharmaceuticals salesforce. Inphormed Ltd. Tel: 0962 878811



Robinson Healthcare have developed a table top pack for their make-up Wipeways product, which takes up less shelf space. The compact pack is slimmer, but still contains 50 moist tissues to remove make-up. It also features a tamper-evident seal and retains the navy and gold Robinson livery. **Robinson Healthcare. Tel: 0246 220022**

## LETTERS

### Calling Group 5 & 6 contractors

At the recent NPA North West conference in Warrington, Mr Horridge was asked how Group 5 and 6 contractors had fared against a Group 3 contractor in terms of core remuneration over the last five years.

Mr Horridge's reply was that this might be a loaded question, and he was right since he had already supplied the facts.

Over the last five years, a Group 3 contractor's remuneration has risen by 32.7 per cent whereas Group 5 and Group 6 have risen by 27.8 per cent and 25.4 per cent respectively. They have thus been severely disadvantaged.

Mr Horridge added that the larger contractors enjoyed larger discounts, which would offset this imbalance. There has been for some time a discount scale in place to claw back these discounts and this is

also weighted against the larger contractor.

To further exacerbate the problem, the Group 5 and Group 6 contractors usually have higher premises overheads and invariably employ a second pharmacist. To be disadvantaged in this way simply because you are in the minority is not fair.

We have formed a committee of Group 5 and 6 contractors, with a view to having a voice with PSNC so that we receive a "fair slice of the cake" in future negotiations.

May I ask through your columns for any Group 5 contractor (approximately 5,800+ prescriptions per month) or Group 6 contractor (7,000+) to make contact so that we may keep them informed.

### Jackie Ellacott

Secretary, Group 5 & 6 Committee, 28 Mardale Crescent, Leyland, Preston PR5 2BT

### Call for ban on back door 'leapfrogging'

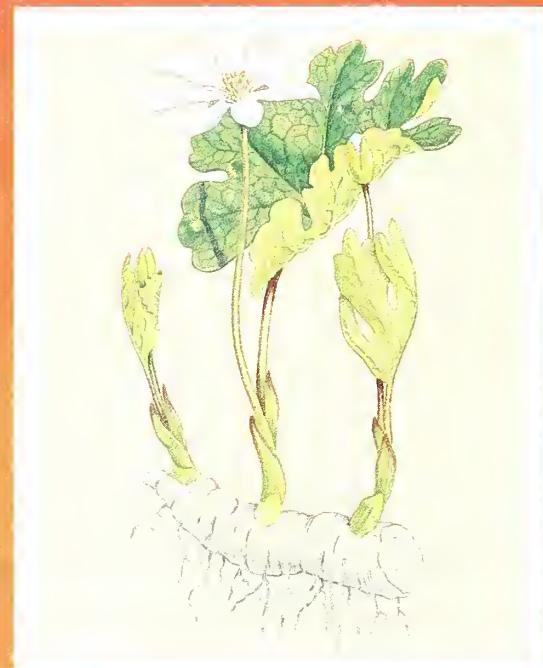
In reply to your article (C&D December 12) we have been aware of this "leapfrogging by the back door" by Boots the Chemist.

I have been in touch with PSNC regarding this matter and I was assured that the only way to stop this practice is by changing existing regulations as they did in Scotland.

I urge everyone concerned to make strong representation to the PSNC and ask them to start the ball rolling to bring the regulations in England into line with those already in force in Scotland, otherwise I can only view this as an escalating problem.

**M.C. Patel**  
London

Counterpoints



Extracted from the bloodroot plant, the antimicrobial sanguinaria gives PerioGard its special anti-plaque properties.

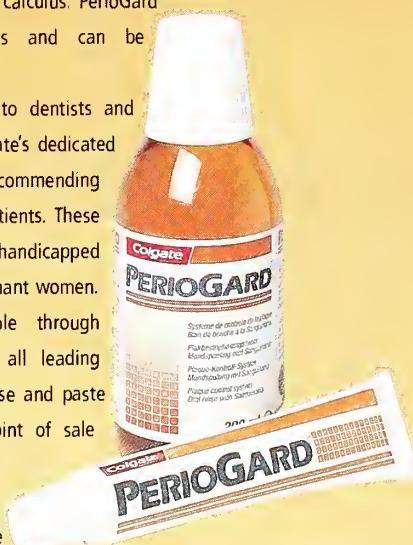
## NEW COLGATE PERIOGARD. THE POWER OF NATURE TO CONTROL PROBLEM PLAQUE.

Plants have provided many of the world's most powerful treatments: aspirin from the bark of the willow tree, for example, and morphine from the opium poppy.

Now Colgate introduces PerioGard. Containing an extract from the bloodroot plant, its effectiveness against plaque has been consistently proven in clinical studies. One recent eight-week study showed the PerioGard brushing and rinsing regime to be highly effective at controlling problem plaque.<sup>1</sup> But unlike chlorhexidine, PerioGard caused no significant toothstaining or increase in calculus. PerioGard also neutralises sulphur compounds and can be recommended to prevent bad breath.

Colgate PerioGard is being detailed to dentists and hygienists throughout the UK by Colgate's dedicated Dental Detailing Force. They will be recommending the regime to their problem plaque patients. These include wearers of orthodontic braces, handicapped patients, xerostomic patients and pregnant women.

Colgate PerioGard is only available through pharmacy outlets. It is stocked by all leading Chemist Wholesalers and both the rinse and paste come in sixes. If you would like point of sale material or any further information, please contact Michael Bealing, Chemist Development Manager, Colgate Palmolive, Guildford Business Park, Middleton Road, Guildford, Surrey GU2 5LZ. Tel: 0483 464649.



**Colgate**

REFERENCE: 1. Patel A, Data on file, Vipont Pharmaceutical Inc.

## What influences GP prescribing?



GP prescribing has been labelled "a suitable case for treatment" by one commentator. Many factors influence the decision to prescribe, not least of which may be a desire to end the consultation!

A survey has now examined which prescribing decisions cause GPs most "discomfort" — indicating uncertainty and conflicting demands — and has concluded that non-clinical factors play an important part.

Seventy-three GPs and trainees in the North of England were interviewed and all reported some drug groups which caused them discomfort when prescribing. Top of the list was antibiotics, noted by 70 per cent of participants, followed by benzodiazepines (44 per cent), cardiovascular drugs (25 per cent) and NSAIDs (23 per cent).

Of the conditions provoking most discomfort, respiratory infections (37 per cent), skin problems (16 per cent) and anxiety (13 per cent) were most common. Sixteen per cent said that patients who knew something about medicine also caused them some discomfort when prescribing.

Almost half of participants felt uncomfortable when they prescribed solely to preserve their relationship with a patient — for example, to avoid conflict. Many felt a need to do something or convey compassion for their patient. Over a quarter mentioned that uncertainty about how to manage particular conditions caused them some problems, and 40 per cent said lack of

time caused them difficulties.

Concerns about adverse effects (51 per cent), costs (41 per cent) and the risk of dependence (40 per cent) were the commonest concerns specifically about drugs. Medical misadventures had influenced subsequent actions in 28 per cent of cases.

GPs are under pressure to control and rationalise their prescribing but it is important to understand the many factors which influence their actions. This survey reveals considerable doubts and uncertainty about prescribing in the people who account for 80 per cent of NHS drug expenditure.

Doctors are not deliberately being irrational, the study concludes, and bombarding them with pharmacology will not solve the problem.

*British Journal of General Practice* 1992;42:454-8.

## Informing patients about NSAIDs

Patients should be told about the adverse effects of the drugs they are taking, though it is often difficult for health professionals to judge how to inform without deterring people from taking drugs at all.

To discover what actually goes on between doctor and patient, researchers in the USA taped consultations between rheumatologists and the patients for whom they prescribed NSAIDs. Although both parties knew they were being recorded, they thought the study was simply about communication.

Forty six consultations were recorded. An NSAID was prescribed for the first time in about half the cases, and established NSAID treatment was changed in the remainder. Most patients were women. Ten NSAIDs were prescribed, including naproxen, piroxicam, ibuprofen and diclofenac.

The toxicity of NSAIDs is well known and includes effects on the gastro-intestinal tract, kidney, liver, blood and ear (tinnitus). On average, patients were warned of 1.7 adverse effects per consultation and the number of reactions mentioned was not related to the drug being prescribed.

The risk of epigastric discomfort was mentioned in 72 per cent of consultations: none of the other adverse effects were mentioned in 15 per cent. Gastro-intestinal bleeding and peptic ulcer were mentioned in 13 and 11 per cent of consultations respectively, but effects including tinnitus, rash and liver or kidney disease were



each discussed in less than 10 per cent of cases. No adverse effects at all were discussed in 24 per cent of consultations.

Overall, the rheumatologists told their patients significantly more about the common adverse effects of NSAIDs but not necessarily about the most severe. Patients aged over 40 were told more than younger patients, and less experienced physicians revealed more adverse effects (mean 3.4) than did their more senior colleagues (mean 1.1).

Patients were more likely to raise the subject of side effects with younger physicians. Patients who were taking an NSAID for the first time were given less information than others who were changing NSAIDs, but the amount of information given did not correlate with the duration of the consultation. In no case did the rheumatologists explain the potential benefit from NSAID treatment and a quarter did not mention that treatment might not work.

In the USA, the law states that patients must be given the information that a "reasonable person" would need to make an informed judgment about treatment. Although this is a vague standard it was evidently not met in this study, which emphasises the need for clear protocols on patient information.

*Arthritis and Rheumatism* 1992;35:1257-63.

## Understanding of insulins poor

Pharmacists don't understand the different types of insulins available, according to a survey in Leeds. Concerned that people with diabetes have been found using the wrong insulin — either incorrectly prescribed or wrongly dispensed — researchers asked 80 pharmacists, 29 GPs (19 of whom were attending a course on diabetes) and 31 junior hospital doctors to complete a questionnaire about the duration of action and substitution of 17 insulin brands. No access to textbooks, or the option to ask colleagues

was allowed.

Overall, knowledge was surprisingly poor. From a possible maximum of 34, GPs scored 7 and hospital doctors 9, both significantly better than the average score of 4 achieved by pharmacists.

Twenty-three pharmacists (29 per cent) wrote "don't know" to all the questions about duration of action. However, neither doctors nor pharmacists were good at identifying formulations which, in an emergency, could be safely substituted for the prescribed brand.

Although somewhat artificial by not allowing participants to consult books or colleagues, the survey indicates that neither doctors nor pharmacists know enough about insulins, and also that nomenclature is potentially confusing. For example, Actrapid and Actraphane are not interchangeable despite the similarity of names. The consequences of an error could prove potentially fatal.

Education, generic prescribing and better nomenclature are needed.

*Diabetic Medicine* 1992;9:938-41.

# Psychological effects of anticonvulsants

There is evidence that anticonvulsants may have adverse effects on cognitive function in children. This is worrying, because there is too much prejudice and misunderstanding about epilepsy without making life even more difficult with treatment.

Specialists from Oxford have now monitored a group of 63 children, observing their performance not only in a range of psychological tests but also at school, and surveying the views of teachers and parents about their behaviour.

Children aged 7-12 years with a new diagnosis of epilepsy were treated by monotherapy with carbamazepine for partial seizures or valproate for primary generalised seizures. The doses used were described as "modest", producing blood levels at the lower end of the therapeutic range and controlling seizures in 80 per cent of children.

Adverse effects recorded by doctors included drowsiness (13 per cent), weight increase and diplopia (5 per cent each).

Over the next 12 months, the children were compared with a group of age-matched controls. At baseline before treatment, there were no differences in performance in tests of IQ, reading and comprehension.

However, the children with epilepsy had poorer visuomotor co-ordination and, in those with partial seizures, poorer attention scores. These differences persisted during the year despite treatment.

Teachers and parents subjectively judged children with epilepsy to have more disturbed behaviour before treatment, noting poor attention, drowsiness and impulsivity. After one year,

however, there were no differences from the controls.

The importance of this study over others conducted in the laboratory is that it assesses the effects of treatment on children with epilepsy using measures by which other children are judged, and in the setting of the school and community.

Although it reveals some differences that are unchanged by treatment and may be associated with epilepsy itself, it does not suggest that anticonvulsants (given singly, at least) have no lasting adverse effects on behaviour.

*Archives of Disease in Childhood* 1992;67:1330-7.

## Coronary vasoconstriction with sumatriptan

Dilatation of the arteries of the cerebral circulation is believed to play an important role in migraine, and sumatriptan and ergotamine relieve migraine by constricting these arteries.

Sumatriptan is more selective for the 5-HT<sub>1</sub> receptors on these arteries than ergot derivatives, but it nonetheless exerts systemic effects in some people — including a transient rise in blood pressure and chest pain.

The effects of sumatriptan on the coronary circulation have now been studied in ten patients undergoing diagnostic coronary arteriography for chest pain (patients with unstable symptoms or significant obstruction of coronary arteries were excluded).

Each received a ten minute intravenous infusion of sumatriptan to a total dose of 48mcg/kg — equivalent to about 3mg compared with the subcutaneous dose of 6mg, but achieving blood concentrations about twice as great as does the therapeutic dose.

There were no changes in heart rate and no ECG evidence of myocardial ischaemia, though both the pulmonary and systemic blood pressures increased significantly. However, the diameter of the coronary artery fell by an average of 13 per cent, with individual responses ranging from 0.6-21 per cent. These changes were not associated with symptoms.

This study is the first to document sumatriptan's haemodynamic effects in man and it emphasises that sumatriptan is selective, not specific, in its actions. The changes observed were relatively small and transient, though they were observed in people in whom the coronary artery was not obstructed.

Similar studies have not yet been reported in people with coronary artery disease but these data explain the importance of avoiding sumatriptan in patients at risk. *British Journal of Clinical Pharmacology* 1992;34:541-6.

## Good intentions no guarantee of over-use of erythromycin

Everyone agrees that antibiotics should be prescribed with restraint, but a recent audit of erythromycin use by one hospital shows that even clear guidelines and good intentions do not guarantee success.

In 1987, the British Thoracic Society published guidelines for the management of community-acquired pneumonia, which stated that people who are moderately or severely ill should be treated with an antibiotic active against the commonest pathogen, *Streptococcus pneumoniae*. In most cases, this means giving ampicillin or amoxycillin.

Erythromycin or tetracycline should be added when infection by the atypical organism *Mycoplasma*

*pneumoniae* is suspected — this is most likely during the epidemics which occur every four years. It usually takes two days for the identity of a pathogen to be confirmed, when treatment can be changed or withdrawn accordingly.

Between 1986 and 1990, the consumption of erythromycin at a West Midlands hospital increased four-fold. This prompted an audit of all patients admitted with pneumonia and treated with erythromycin between 1990 and 1991. The diagnosis was confirmed, and the pathogen identified microbiologically where possible.

Of the 62 patients studied, 42 were treated with intravenous

erythromycin for two days, usually followed by five days' oral treatment, and 20 were given erythromycin only by mouth for five days. This was combined with ampicillin or another beta-lactam antibiotic in 55 cases.

However, on the basis of the severity of symptoms and the nature of the pathogen, continuing treatment with erythromycin beyond two days was shown to be unnecessary in 75 per cent of patients.

The over-use of erythromycin in this hospital was attributed to a desire to treat all possible causes of pneumonia, and a misunderstanding of the treatment guidelines. *Respiratory Medicine* 1992;86:503-5.

## Treating morning sickness without drugs

The foetus is most vulnerable to the possible teratogenic effects of drugs during the first trimester, the period when morning sickness is at its worst. Some long-established anti-emetics can be used to treat severe symptoms but concern about the possible risk is often sufficient to deter many women from taking medication.

This prompted Italian doctors to turn to Chinese medicine for a solution. Acupressure, the practice of applying pressure to specific sites on the body to achieve a systemic change, was tested in a double-blind placebo-controlled study in 60 women with morning sickness.

Pressure was applied by the Sea Band, which places a button over the Neiguan point, which lies within the wrist. A placebo band was identical except that the button was blunted so that it applied no pressure.

Six women dropped out of the trial due to poor compliance. In the remainder, the placebo band was associated with improvement in 30 per cent of women, significantly less than the 67 per cent who improved when the Sea Band was applied to either or both wrists.

Symptoms disappeared completely in 30 per cent of women given active treatment but in only 15 per cent of those given placebo. Recorded adverse effects included headache (6 per cent) and anxiety (7 per cent), though a causal relationship to the band could not be confirmed.

Some women can therefore benefit from acupressure, which seems to offer a safer alternative than drug therapy at this stage of pregnancy. *Obstetrics and Gynecology* 1992;80:852-4.



*Research Digest* is a regular series written by drug information specialist Steve Chaplin MRPharmS, looking at current developments in medicine.

**Health is big news on the other side of the Atlantic, especially when it comes to television advertising. Jane Feely sat glued to the small screen in Chicago and describes some of the more interesting features**

Picture the scene — a bright, shiny, well-stocked pharmacy full of smiling, appreciative customers talking to smart, well-dressed, helpful staff.

You may already think this sounds too good to be true but remember, this is American television and that's how everything appears.

The camera slowly moves in to pick out one middle aged gentleman, again well-dressed, happy, articulate (how many of your customers does this describe?) as he hands in his empty tablet bottle to the pharmacist and requests a refill.

The pharmacist looks at the bottle and then tells the patient that it might be worth his while visiting his doctor as there is a new form of this drug which could save him money.

That sounds great, says the patient, all smiles, but can't you just change the prescription to this new drug? I'm sorry, says the pharmacist, only your doctor can change your prescription but I'll write down the name of the tablets so you can take it with you.

The patient happily pockets the piece of paper and strides off into the sunset. The scene fades out.

## Foreign country

Although we don't see it, presumably the patient then arrives at his doctor's surgery, recounts his conversation with the pharmacist and asks for his prescription to be changed to the new version of his drug.

When I first saw this particular advertisement I have to admit I was rather stunned. After all, you don't see anything even remotely like this in the UK. But then you have to remember that despite the fact that we all speak the same language (after a fashion), America is a foreign country.

This particular scenario certainly made me think. After all, apart from the mention of price benefits, isn't this what community pharmacists in the UK would like to be able to do? — to look at a patient's prescription and, backed by knowledge of the condition, medical history, lifestyle etc, be able to advise on a change of medication if appropriate.

Those hospital pharmacists

# THE SHAPE OF THINGS TO COME



who participate in clinical pharmacy and join consultant's ward rounds already, in theory at least, achieve something approaching this ideal.

But let's not deceive ourselves. This scene, so expertly played out on the small screen, was not designed to improve the public's perception of the community pharmacist.

The manufacturer's objective is to prompt all those other patients taking the same drug to wonder if they too could benefit from the financial savings. While some may visit their pharmacist, others are bound to "cut out the middleman" and go straight to their GP. Another example of the power of advertising, perhaps?

It's actually not that unusual to see Prescription Only Medicines advertised on US television. Another example shows two smartly dressed businessmen talking about giving up smoking. One tells the other how he managed to quit with the help of one particular product. "By prescription only," says the voiceover. "Ask your doctor about it," runs the on-screen caption.

In fact, there seems to be no health topic — be it pharmacy chains, cholesterol, hospitals, alcoholism or even medical

malpractice — that is immune from media coverage in some form or another.

## Pharmacy chains

As in the UK, the US has its share of big-name community pharmacy chains as well as smaller outfits — you can even spot the occasional "drive-in" pharmacy.

A number of the larger chains use television advertising to promote their services. But they don't stop at promoting their range of Christmas gifts or toiletries, or offering to develop your holiday snaps. What they often concentrate on is their dispensing service and advice on OTC medicines.

"Quality" is the main theme running through these ads but while some focus more on the caring, approachable pharmacist — seen in one ad advising on the correct cold remedy for a little girl — others reinforce "value for money".

One advertisement shows a close-up of dispensary scales. There's a bag marked with a pharmacy logo on one side and an open purse on the other. More and more coins are dropped into the purse until eventually it tips the balance, presumably indicating the money that can be saved.

The voiceover remarks that this particular chain of pharmacies won't be beaten on

price, even on prescription medicines!

## Lawyers and all

And health is not just big business for health professionals and advertisers but also for lawyers. We often hear horror stories and grim warnings about how the fear of litigation affects the way the average American doctor practices.

US lawyers can advertise for business and, boy, do they make the most of the opportunity!

Another TV scene to consider: a kind, sympathetic gentleman in a smart suit looks right into the camera. "Have you been the victim of medical malpractice," he asks in a soothing voice.

He then goes on to explain that if you think you have, you can call a free number and discuss your particular situation. Expert advisers, he says, are on hand to take the call and advise if you have a case or not. After all, he reminds viewers, the other side will have good legal advice on their side, shouldn't you have it on yours!

I bet his "desk-side" manner is enough to strike terror into the hearts of all practising health professionals!

And then there are the hospitals. It would appear that the University of Chicago Hospitals have specialist experience in cancer care. Their advertisement consists of a serious,

middle-aged gentleman who extols the virtues of this particular hospital. "They're problem solvers," he says, "I'd want them on my side."

## Alcohol problems

The health dangers of alcohol are well known, but if you're an American who enjoys one tipple too many there is no escape. The messages on TV don't pull any punches!

Probably the one that really tugs at the old heart strings shows a young man sitting in a circle with his wife and children. The children — clean, tidy and articulate (aren't they always?) — each tell their father that they are ashamed to bring their friends home because his drinking means he is an embarrassment. The ad ends with the father in tears!

Another shows a doctor, complete with white coat and credentials on the screen, standing with his back to a supermarket shelf full of booze. "It's OK to ask for help," he tells the camera. "I did!"

It is often said that what America does today, the UK does tomorrow. If this is the case, our commercial television stations are going to see some interesting developments, healthwise, over the next few years.

As the saying goes: "Watch this space"!

# Business news

## Fisons get £90m for consumer health division

Fisons have finally found a buyer for their consumer health division. Subject to regulatory clearance, Roche Holding have agreed to pay £90 million cash for the business.

Fisons will retain debts relating to the business of around £6m. The company will also keep manufacturing, warehousing and distribution assets located at Loughborough with a book value of some £7m.

### Boots scent price advantage

Boots have joined the High Street perfume price-cutting bandwagon with a vengeance, slashing the prices of 20 top perfumes by 25 per cent.

Both mens' and ladies' fragrances have been reduced: Paris EDT Spray is down £6.25 to £18.25. Rive Gauche EDT spray has been cut £6.55 to £18.95, while for men Jazz is down £7.25 to £21.75 and Kourous after shave toner costs £19.50 at Boots, down £6.50.

Some of the perfumes may only be available in the larger Boots stores, says the company, and the reductions will be available only until December 24.

However, Boots deny the move represents a change in policy. A statement from the company says: "It has always been our policy to offer special value on selected fine fragrance products. In October we had a free watch promotion and a different promotion on fragrances will be launched on December 28.

"We have a continuous programme of offers and promotions on fine fragrances as well as our other products."

### Going for gold

A company has been formed to develop and market products specifically to UK hospitals. Aurum Pharmaceuticals aims to concentrate on areas which they believe will benefit from "a dedicated approach and promotion

Products involved in the deal include Sanatogen, Paracodol and Radian B. Under the terms of the deal, Fisons will provide Roche Products manufacturing, distribution and warehousing services for the brands, for an agreed but undisclosed handover period.

The assets of the business to be transferred have a book value of £3.5m, while operating profits and sales for 1991 were £5m

and £26.6m respectively.

Chairman of Fisons, Patrick Egan, said: "This is a further step in the programme of disposals on which we embarked earlier this year. Apart from some smaller overseas businesses, this completes the sale of the group's consumer health activities. I expect to make further announcements with regard to the disposals programme in the near future."

### Management buyout at IRC

UK pharmaceuticals development group Ethical Holdings have sold International Research consultants (IRC), the regulatory consultancy subsidiary, to IRC's management.

The terms of the sale involve more than £600,000 in capital payments and reciprocal service arrangements.

A spokesman for Ethicals said: "The agreement is part of Ethical's strategy to concentrate on its core drug development business and divest its service activities ready for an anticipated US flotation in 1993."

The buyout has been lead by Dr John Glasby and Gillian Gregory, the principals of IRC. They have been joined by Mike Broomby and Peter Nightingale.

Dr Geoffrey Guy, chief executive officer of Ethical Holdings, commented: "Gillian and John have put considerable time and effort into IRC and I am therefore particularly pleased to see them benefit from their hard work in this way. I believe the terms of the agreement are beneficial to staff and shareholders of both companies".

### Sunday trading ruling

The European Court of Justice has ruled that the 1950 Shops Act, which substantially prohibits Sunday trading, is valid.

The Keep Sunday Special Campaign said they were delighted with the decision and are calling on the Government to respond by enforcing the Act.

The KSSC said they will encourage shops to obey the law and will continue to support MP Ray Powell's private member's Bill to reform the law.

The Shopping Hours Reform Council said they thought the decision has already been sidelined by the Government's

intention to introduce their own Sunday reform Bill. A spokesman added: "We think it is unreasonable that to ask stores to change their plans in the run up to Christmas when they are already geared up to open on Sundays."

**In Parliament:** Ministers expect local authorities to prosecute leading supermarkets for breaching Sunday Trading laws following the ruling.

Tory backbenchers who have been campaigning for reform are stepping up pressure on the Government to introduce a range of options to change the 1950 Act.

on a smaller scale".

Company director Michael Lanning says that the company's first full product licence is for diamorphine tablets, taken over from Roche Products. These will be distributed under the Aurum label by Distriphar from the beginning of next year.

Other products will include wound management dressings,

cancer therapy and strong analgesia. "The approach is directed at both new products and improved dosage forms to provide greater convenience to the hospital team and value for money," says a spokesman.

The company is based at: Lee Place House, Pulborough, West Sussex, RH20 1DF; tel: 0403 700401.

### Medeva buy vaccine option

Medeva are buying a two year option on the world rights of American Biogenic Sciences' (ABS) Hepatitis A vaccine. If the option is exercised it will cost Medeva \$2.5 million.

The vaccine, which is still under development, is a recombinant type. ABS estimate the product could be ready for registration within four years.

The advantages of a recombinant vaccine over existing killed whole virus vaccines are that it is believed to be potentially safer and gives higher production yields.

There is also potential for the vaccine to be developed in a mucosally delivered form using technology like that being developed by Medeva for flu vaccine. The worldwide market for the Hepatitis A vaccine could be \$300m by the time of product launch, say Medeva.

### Rhône-Poulenc

Rhône-Poulenc Rorer have sold their cocaine hydrochloride plant to opiates manufacturer Macfarlan Smith. Macfarlan now have small packs of diamorphine, morphine and cocaine in their product range.

### Inflation dip

The Retail Prices Index was 139.7 for November, up 3 per cent on a year ago and down 0.1 per cent since October.

### Femidom approval

The Obstetrics and Gynecology Devices Panel of the US Food and Drugs Administration has recommended approval for Femidom. If the FDA follows this with marketing approval, Wisconsin Pharmaceutical will handle the product.

### ABPI agree NVQs

An agreement to offer joint national qualifications for key manufacturing staff in the pharmaceutical industry has been reached by City and Guilds and the ABPI.

### Pybus retires

Bill Pybus, the chairman and chief executive of AAH Holdings, has retired. He will be succeeded as chairman by the current deputy, John Padavan, on January 1. Managing director Bill Revell has already taken on the chief executive's responsibilities.

# classified

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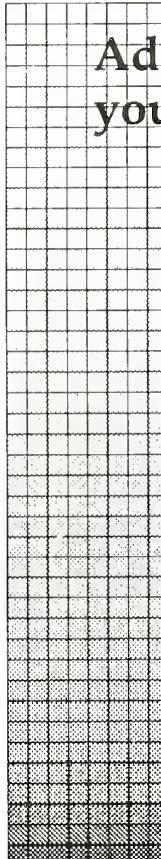
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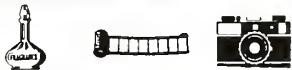
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**LOCUMS?** - Your details of availability can be circulated (free) on the RPSGB (Worthing/West Sussex branch) locum list. Please write to: J. Feist, 25 Parham Road, Worthing, Sussex BN14 0BZ

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**AMOXIL** - 3g sachets SF, 3 x 14 (exp 4/93)

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**URIPLEN CATHETER** - DT226416. Less 50%+VAT+postage. Tel: 081 422 3905.

**TRADE LESS 30%+VAT+POSTAGE** - 98 Pyrogastrome, 48 Flomoxin 375mg, 28 Taravil 200mg, 28 Zovirax 400mg, 155 Zovirax 200mg, 100 Megace 40mg, 1 Flironase, 105 Stucard 3mg, 20g Clofazimazole cream £1.42. Tel: 0742 553161.

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Because demand for free Business Link entries exceeds the space available, subscribers are asked to comply with the 30-word limit. To avoid delay in publication, please ensure that brand and drug names have the correct spelling and that the text is legible.

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Contrary to popular belief, not all PR executives over-dress, have large expense accounts and conduct business purely by wining and dining clients. And just to mention that stereotype to Gayle Walker is guaranteed to make her blood boil.

As associate director with Maureen Cropper Public Relations, pharmacist Gayle has done well for herself. But at weekends, she switches tack completely and teaches riding at stables near her home.

"People often say: 'What a strange jump from pharmacy to PR', but if you look at what I've done it's been quite a logical progression," she says.

Gayle is the first to admit that she studied pharmacy by accident. Until the age of 17 her ambitions lay in astronomy or geology. But impressed by the chemical and technical nature of pharmacy, as presented at a careers fair, she opted for Aston University.

Gayle graduated in 1978 and after a preregistration year with the central Birmingham hospitals, she worked at Birmingham's Accident Hospital and then a year at the Royal London Hospital in Whitechapel.

### Heading overseas

Eventually the lure of foreign shores became too strong and Gayle packed her bags for Africa, eventually settling in South Africa. Because her pharmacy qualification was recognised, she was able to find work in Johannesburg and Groote Schuur, Cape Town and so finance her travels.

She even had a spell in industrial pharmacy working for E. Merck and Bayer, predominantly in a registration role. However, she also found her talents used in other areas including medical information, quality control, and designing new packaging.

But it was not all work. Between jobs Gayle spent time back-packing through the national parks of the Transvaal, Drakensberg and Cape areas. She also did Land Rover safaris and can recount interesting tales of close encounters with deadly snakes and cheetahs! Eventually, more and more disillusioned with South Africa's politics, Gayle headed home.

### A turning point

On returning to the UK, Gayle decided that an MSc would aid a career in industrial pharmacy and was accepted for a course at UCL. However, three and a half years of living abroad meant she was classed as an overseas student which tripled the fees she had to pay.

Luckily, it was about this time that she saw an advertisement for a post writing clinical stories for the GPs' magazine *Pulse*. She describes her six months as a medical journalist as good training but decided it wasn't for her. "I didn't quite fit into GP journalism particularly when some stories could be

# Making relations public



**From hospital pharmacy to public relations, via South Africa and medical journalism, Gayle Walker, associate director at Maureen Cropper Public Relations, tells Jane Feely how the progression is really quite logical**

anti-pharmacist. I was being pulled two ways," she says.

It was Gayle's boyfriend at the time who saw an ad for a PR officer at the Pharmaceutical Society. "He thought they needed someone who knew about journalism and who also had a pharmacy background."

Gayle spent 12 months in this particular post and says she learnt a lot while at Lambeth. She also discovered that she really enjoyed healthcare PR.

From Lambeth, Gayle moved to Glaxo in Greenford and spent three years working on product PR. During this time the company launched Maxepa and Volmax and she found herself dealing with journalists as well as GPs and nurses.

Four years ago, Gayle joined a team of five at MCPR as an

account director. Today, the company employs 12, and Gayle is an associate director. The agency's ability to create effective PR campaigns was officially recognised when the Pharmacy Healthcare Scheme's "Smart cookies don't burn" campaign won MCPR the best healthcare campaign award at the 1992 PR Week Awards.

At the Award dinner, which Gayle describes as something like the BAFTA awards, the three finalists and then the winner were announced. Gayle admits to being a fraction nervous as she picked her way through the tables followed by a spotlight to collect the award. Luckily, she says, there were no acceptance speeches.

"With any campaign you're involved in, people don't see

what goes on behind the scenes, the heartache, the last minute problems," she says. "To see it all come to fruition, be successful and then get recognition from your peers makes you feel good."

### The joys of PR

So what is life in healthcare PR really like? MCPR have an impressive client list including a number of the leading Crookes brands. They also do work for Carter-Wallace and Seton Healthcare. On the beauty and consumer side they handle clients like Clairol and Scholl.

"Most of our accounts tend to be health educational so we deal with therapy areas where consumers need education to allow them to make informed choices about what medication they need," Gayle explains.

She doesn't have many "typical days" but because of her pharmacy background she is obviously used a lot for her knowledge. "People tend to pick my brains, both clients and people within the office."

If a client approaches MCPR for ideas on a campaign, the agency can take a fresh look at the product and the market. Gayle says her gut feeling about a particular field is invaluable and MCPR also do their own market research to help them identify current knowledge, or lack of it, about a therapeutic area. They then put forward ideas to get the correct message across in an accessible format.

"It may seem a strange thing to say, but I wish more clients would understand the value of PR more," says Gayle. "PR is more cost-effective than most marketing techniques at actually getting the message over. It is not just a communication exercise for branding. Advertising is far more straightforward in comparison. PR can be very subtle and can get over some very complex messages."

### The pros and cons

Like all careers, PR has its plus points. Gayle enjoys being involved in something creative and taking a pride in presentation. She also finds she enjoys describing complicated health matters in simple terms.

But there is a minus side: "It's a drain on my patience having to be consistently tactful with people who can be awkward or even downright obnoxious."

Gayle says she is surprised that there are not more pharmacists in PR. But it's not a job that suits everyone. "It's no good being a shrinking violet, you've got to be able to meet conflict face to face," Gayle laughs.

So what of the future? Gayle feels that she has found her niche. But what if she won the pools? With no hesitation, Gayle says she would buy a stable with riding school. Oh, and do a little PR consultancy on the side!

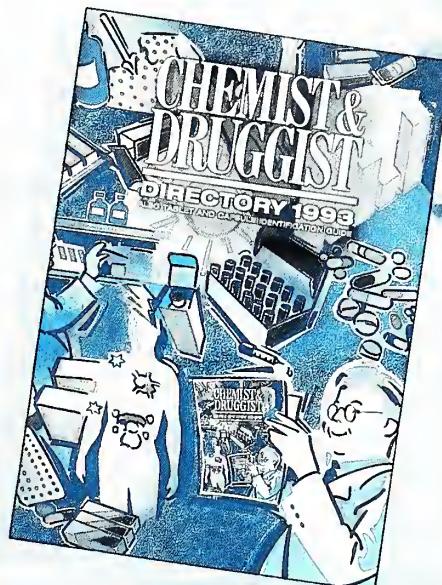
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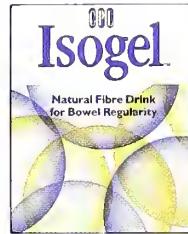
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